PSYCHOLOGICAL FACTORS AS PREDICTORS OF INJURIES OCCURRENCE IN FOOTBALL PLAYERS

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INTRODUCTION

Injuries are relatively common in football, due to its nature as a full-contact game. Football is one of the most popular sports in the world. Football has been demonstrated to be among the most hazardous of organized team sports and injury is a frequent event in football (Andreas and Urban 2010).Football requires a variety of physical attributes and specific playing skills, therefore participants need to train and prepare to meet at least a minimum set of physical, physiological and psychological requirements to cope with the demands of the game and to reduce the risk of injury. It is an enjoyable and social sport than can be played from childhood to old age, either at a recreational level or as competitive sports.Football playing largely involves starting, running, slopping, twisting, jumping, kicking, and turning movements that place the players to greater risk of injury (Waston 1993).Football is a high risk sport dominated by overuse injuries while recovery time from injuries is relatively long, but only a few working days are lost by the players to return back to play, thus leading to abuse of the injured sites. In football overuse injuries are the most frequent occurrences of injury and injuries are traditionally divided into contact and non-contact mechanism in which case contact refers to players contact. Some of the forces involved in a non-contact injury are transmitted from the playing surface to the injured body part. Football is sports that make heavy demands on the player.

Statement of the problem

Recently, injuries have been described as the greatest source of stress, and single most important issue in sports. Injuries may lead to psychological problems such as anxiety, depression and unhealthy behaviours such as increased drug and alcohol abuse. These negative moods and behaviours contributed to the athlete at greater risk for injuries. There was large epidemiologic data regarding injuries have been obtained for football .In football only a few studies have been made in the literature regarding psychological predictors of injury occurrence in football players. No matter how safe the environment or how well conditioned the athlete is will sometimes inevitably produce some injuries, whether it is by contact with other bodies or by psychological factors.In the light of the above, the investigator become interested to determining how or whether psychological factors can be used as predictors of injury occurrence in football. Accordingly, the statement of problem of

this study is effect of psychological factors as predictors of injury occurrence among elite Indian football players.

Overview of literature

Psychological factors may play a dominant role in determining of injuries in sports and physical activities. Though physical factors are involved in the complex Aetiopathogenesis of sport injuries, the accident-prone profile seems to be dominated by psychological and psychosocial factors.**Ivarssonand Johnson (2010)** reported that between 65–91% of elite football players in Sweden have at least one injury per year. Several studies define different psychological factors affecting athletic injury-risk. Results suggest injury was significantly predicted by 4 personality trait predictors: somatic trait anxiety, psychic trait anxiety, stress susceptibility, and trait irritability. Collectively, the predictors self-blame and acceptance could explain 14.6% of injury occurrence. More injuries were reported among players who score high in daily hassles. **Lysens et al. (1987)** examination of accident prone and overuse prone profiles of young football players, acknowledge the importance of physical traits in predisposing a player to injury, and it is stressed that psychological factors need to be considered, even in relation to profiling the overuse prone player. A number of studies exist on psychological impact and/or psychosocial response of injuries in athletes, but very limited research was found in terms of the psychological predictors of athletic injury **(Junge, 2002).** Most studies on psychological impacts of sport injuries discussed on psychological predictors as the factors that influence occurrence of injury. Therefore, it is a really challenging part in completing this study in terms of getting literature reviews that have been done in this specific area before. Series of specific psychological attributes have been investigated in connection with sports injuries. The empirical studies published to date concerning the relationship between sports injuries and psychological factors have employed heterogeneous designs, various criteria, different evaluation strategies, and, at times, have also displayed considerable methodological flaws. This renders comparison between the studies somewhat difficult Specific examples of these deficiencies include lack of differentiation between the type of sport (Smith et al., 1990a) or between the sexes (Rider & Hicks, 1995), retrospective investigation of injuries (Schafer & McKenna, 1985),investigation periods varying between 3 months and 1 year (Taimela et al., 1990a), and no detailed definition of the criteria used (frequency of injury, severity of injury, absence from the sport).A number of variables, however, have been examined as potential predictors of injury occurrence in sport. Early work in this area provided descriptive accounts of the types of athletes thought to be prone to injury and suggested that intrapersonal conflict, anxiety, depression, guilt and low self-

confidence were important contributors to injury occurrence (Sanderson, 1977). Subsequent research has taken a variety of other factors into account, and the manner in which they interact has been summarized by Andersen and William **(1988b)** in their stress-related model of the injury occurrence process in sports. An understanding relating to factors which help to avoid sports injury by a coach or an athletic trainer will help to relieve an athlete anxiety or stress that the injury could cause. Besides the physical factors, factors relating to mental state of the player have to be considered for treatment of sports injuries.Frustration, depression, anger and tension appeared most often and were the highest ranked emotions (Crossman, 1997; mith, 1990 as cited in Smith, 1990). Among injured athletes of collegiate or elite status, common responses to injury were disbelief, fear, rage, depression, tension, and fatigue. (Weiss & Troxel, 1986 as cited in Smith, 1990) Johnston and Carroll (2000) studied differences between injured and uninjured athletes and reported that injured athletes disclosed greater negative affect, lower self-esteem, and higher levels of depression and anxiety. In congruence with Johnston and Carroll's findings, research on psychological consequences of athletic injury among high-level competitors revealed that injured athletes exhibited greater depression and anxiety and lower self-esteem than control groups immediately following physical injury and at follow-up sessions (Leddy, 1994).Fear is another emotion prevalent among injured athletes. Athletes are fearful about re-injury and because of this fear, they may be reluctant to train with full intensity (as cited in Shuer, 1997). Some athletes may be reluctant to return to training at all as a result of the fear. Weiss and Troxel (1986) found that athletes expressed an inability to cope with injury, activity restriction, long rehabilitation, and feelings of being externally controlled by their injury (Smith, 1990). Several other researchers have recognized that the lack of daily physical activity can affect an injured athlete psychologically. For instance, according to Little (1979), athletes are predisposed to neurotic illness when mandatory deprivation of exercise is necessary because of a preoccupation with fitness or sport (as cited in Smith, 1990). Often times an athlete will use physical activity to cope with stress. When athletes are injured and unable to engage in physical activity they may have difficulty dealing with their daily stresses. Smith (1990) states that "the development of neuroses in fitness fanatics deprived of exercise was at least partially because their life stress prior to injury or illness had been managed by physical activity rather than by articulating emotional concerns." Furthermore, the injury can actually produce additional stress that may induce emotional disturbance. Hardy (1992) suggests that "the major sources of stress that have been reported by sports performers include fear of failure, concerns about social evaluation by others, lack of readiness to perform and loss of internal control over

one's environment."Deutsch (1985) believes that the nature of the psychological disturbance accompanying athletic injury should be assessed based on personality type, stage of adult development, and circumstances of the injury.Other studies have recognized the importance of injury severity and the mechanism of injury in psychological response. Wasley's study (1998) on Self-esteem and Coping Responses of Athletes with Acute versus Chronic Injuries, suggests that the type of injury may determine differences in self-esteem and coping behavior. Age is a crucial factor that must be considered when examining the emotional response to injury. According to Weiss (2003), children, adolescents, and young, middle, and older adults differ in their self-perceptions, social influences, emotional responses, motivations, and self-regulation skills relative to physical activity and sport involvement. In her research, Weiss used a developmental perspective, "considering variations in and interrelationships among thoughts, emotions, and behaviors at various periods across the life span." A study by Manuel et al. (2002) on adolescent athletes coping with sports injuries showed that depressive symptoms decreased over time in a sample of injured adolescent athletes. In addition, increased social support was associated with lower initial depressive symptoms. Newcomer and Perna (2005) investigated features of posttraumatic distress among adolescent athletes. Even after adolescent athletes had physically recovered from their injuries, they still experienced injury-related distress (Newcomer, 2003). In a study on the emotional responses of athletes to injury, Weiss and Troxel (as cited in Smith, 1990) interviewed collegiate or elite athletes. Common responses among this older group included disbelief, fear, rage, depression, tension, and fatigue in addition to somatic complaints of upset stomach, insomnia and loss of appetite.

Objective of the study

1. The primary purpose of the study is to determine psychological profiles of elite football players, to document injury profiles, and to identify psychological predictors of injury occurrence in footballers with respect to Severity, Location, Period and the possible risk factors involve in injuries.

2. To suggest the remedial measures for different injuries of football players in particular and sports related injuries in general of Athletes.

Specific objectives of the study:

1. The specific objectives of the study will assess the Mechanism, Causes, Incidence, and Nature of football injuries, together with the strategies commonly used by them in dealing with excessive stress.

2. The another specific objective of the study will examine the sources of stress related symptoms within football players and measure the prevalence of significance associated ill health effects of injuries **.**

Conceptual framework

Football injury may be defined as any physical complaint caused by football during training and matches. Injury is common incidence in football. Sportsmen get injured either by accident or intentionally by other players. There are many factors responsible for injuries in football, of which psychological factors are one of them. Several studies have shown the impact of psychological characteristics of athletes in determining risk of injuries. Football being collision sport, largely involved in tackling, heading, kicking, and so on and as a result, a number of football injuries may be expected. Sometimes, because of the high expectations from the team management and supporters, players will be playing robustly and aggressively therefore; there are many incidences of injury occurrences in football and the possibility of players getting injured.

The increased numbers of participation and under preparation are also the factors that may account for an increase in risk of injuries in football (Jung 2002). When discussing about sport injuries, people cannot ignore the fact that physical factors are obviously the primary cause of injuries in sports and exercise. For instance, a poor tackle in football, an awkward landing in gymnastics or poor warm-up in sprinting. However, psychological researchers such as Andersen and Williams (1998a), Gould and Weinberg (2000) and Junge (2002) have stated that thoughts, perceptions, and aspects of psychological factors may be linked to the occurrences of injury. Psychological factors such as stress levels and certain predisposing attitudes have all been identified as psychological antecedents to athletic injuries. Weinberg and Gould (2003) have stated that psychological factors such as state-trait anxiety, self-esteem, and stress levels are possible psychological antecedent of injury. Based on these situations, this study attempts to look at psychological factors that can influence the occurrence of injury and whether these can be assumed to be predictors of injury occurrence among football players. This study therefore, focuses on psychological predictors of injury occurrence in elite Indian football players.

Risk factors for injuries in sport are commonly divided in intrinsic and extrinsic risk factors. Intrinsic related risk factors can further been classified in physical and **psychological risk** factors.

Research Questions

Based on injury situations in football, this study seeks to identify the following research questions **.**

1. How psychological factors can predict injury occurrence in Elite Indian football players?
3. How excessive stressors contribute to football injuries ?
4. What are the types of injuries and the most common body parts injured in football players?
5. How injuries can effects the participation of football players?
6. What are the risk factors involved in football injuries?
7.What is the mechanism of Injuries?
8. How severity of injuries may affect the participation of football plying ?
9. What is the relation between different field position and Football Injuries?

Hypothesis

The following hypotheses formulated for the present study

1. There will be Psychological factors can predict occurrence of injury in elite Indian football players.
2. There will be excessive stress can contribute occurrence of injuries in football players.
3. There will be significant differences of injuries sustained during match playing and training period of elite Indian football players.
4. There will be significant difference of injuries in relation to their different field position of football players.
5. Occurrence of Football injuries will significantly effects on the participation in football.
6. There will be risk factors involve in injuries in football players.
7. There will be significant difference of injuries occurrence due to contact mechanism and Non-Contact mechanism.
8. The severities of injuries will significantly effects on the participation in football playing.

Scope of the study

The scope of the study shall be the elite level football players who have been regularly participating three years in recognized national level tournaments such as Santosh trophy, Subrto cup, and All India varsity etc. The football players will be asked to recall injuries over the proceeding one year period. The footballers will require filling out a questionnaire for each injury for one year.

METHODOLOGY:

Under this section explained the methodological details used to implement the study. Specifically, presented here are the general perspective and context of the study, an overview of the participants, and description of the procedures used in data collection, and an explanation of data analysis.

Pilot Study

A pilot study will be conducted immediately after the approval of this research, prior to the commencement of the main study. The purpose of the pilot study is to test the feasibility and logistical aspects of the proposed main study in particular the submission of detailed injury occurrence data and player activity data

Research Design

This study will involve a descriptive study of football players in a non-experimental, retrospective research design.Retrospective studies usually employ some form of questionnaire and ask subjects to recall injuries that occurred over a particular period.

Ethical consideration:

In collecting the data, the **researcher Follow to ethical** guidelines, principles, and standards for studies conducted with human beings

Sampling frame :

The sampling frame will be included elite level football players the aged 14 to 30 years. The investigator will made an attempt to classify the football players based on the aged group. The age also will be categorized in four groups are as (14-17),(18-21),(22-25) and (26-30).

Sampling method and Sample Size:

The method of sample will be purposive –A non-random method of sampling design for elite football players with a specific purpose. Total 1000 Indian elite football players from

different states and national level affiliated unites of all India football federation will be selected as sample size of the study.

Source and tools of Data collection:

The study depends mainly on primary source of data. The data will be collected through respondents in the form of Questionnaires from 1000 elite level football players of different Academies, Clubs, States and Universities affiliated to all India football federation separately, investigator contacting footballers personally and some cases at the venue of Inter-varsity, State tournaments.There will be following questionnaires, including are as follows.

1. Demographic Information:

The demographic information will be collected through respondents in the form of different descriptive tests. The demographic information about, age, height, weight daily smoking, drug use, etc. will be obtained before seeking responses.

2. Football Injury questionnaire

For the present study, modified questionnaires prepared by Cromwell, F.J. Walsh Gromely (2000) for Elite Gaelic footballers will be utilized after the modification of this questionnaires and the test -retest reliability will be found out by the researcher.

3. Football Worry Scale

The Football Worry Scale (Dunn and Syrotuik, 2003) will be used to measure an athlete's competitive worry. The test consists of 16 items, classified into 4 subscales. The subscales are "fear of negative social evaluation," "fear of failure," "fear of injury or physical danger," and "fear of the unknown." Questions are answered on a 5-point Likert scale, ranging from 1 ("not very like me") to 5 ("very like me"). Cronbach alphas ranged from 0.76 to 0.

4. Life Events Survey for Athletes.

LESA (Petrie, 1992) will be used to measure an athlete's life history stressors. The test comprises a list of 69 events. Footballers will ask to indicate which position they have experienced in the previous 12 months, and then for each event, to rate the experience of the stressors, on an 8- point Likert scale, with the range -4 ("extremely negative") to +4 (extremely positive). The outcome of the test is divided into three categories, negative life-event stress, positive life-event stress and total life-event stress. Test retest reliabilities for the two scales ranged from .76 to .84.

Techniques for Collection of data:

The letter to be sent to the affiliated authorities of all India football federation seeking their permission and cooperation in the completion of the study along with all document including, full proposal, information sheet for participant, consent form, and the letter of ICSSR. After getting permission from the affiliated authorities, the questionnaires with consent form will be distributed by the investigator to the participants and collected from them after they have responded to them at their own without any assistance from any one.

Data processing:

The collected data will be analyzed as a whole and fragments .The data will be checked for accuracy and completeness and will be coded and entered into the Statistical Package for Social Sciences (SPSS) software version 16 (SPSS Inc., Chicago, Illinois, USA). Descriptive statistics for all studied variables, percentage, one way analysis of variance (Scheffe post hoc test, LSD test if ANOVA will found out significant), Chi-square and Regression analysis will be used and a p-value of <0.05 will be considered statistically significant throughout the study.

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